## AUTHORIZATION FORM FOR ELECTRONIC SUBMITTAL OF DATA CREATING CONSULTANTS AS AUTHORIZED RP AGENTS

	FACILITY GLOBAL ID #:	
	TACILITI GLOBALII	
SITE OWNER, OPERATOR, OR RESPONSIBLE PERSON (RP) AND ADDRESS:		
FACILITY/ LEAK SITE ADDRESS: CITY	STATE	ZIP CODE
The above identified person does hereby appoint:		
DESIGNATED AUTHORIZED REPRESENTATIVE NAME:		
COMPANY NAME:		
COMPANY ADDRESS CITY	STATE	ZIP CODE
CONTINUE ADDITION	SIIIL	Zii CODZ
To obtain on-line access to a facility for the electronic submittal of analytical and survey information pertaining to the site identified above.		
I hereby agree and further authorize the above-named designated authorized representative to certify that the applicable state regulatory requirements pursuant to Title 23, Division 3, Chapter 30 of the California Code of Regulations, have and will be complied with.		
I hereby agree and further authorize the above-named designated authorized representative to allow to other persons who have collected for the above-identified site to use the password to electronically submit data to the SWRCB GeoTracker database.		
This Authorized Representative Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named responsible person.		
EXECUTED THIS DAY	OF	, 20
AT		
OWNER/OPERATOR OR RP SIGNATURE	AUTHORIZED R	EPRESENTATIVE SIGNATURE
OWNER/OPERATOR OR RP NAME	AITHORIZEI	O REPRESENTATIVE NAME
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To begin electronic data submittal process, obtain password and login at:

<a href="http://geotracker.waterboards.ca.gov">http://geotracker.waterboards.ca.gov</a>

and request your facility online, and mail or FAX the completed form to obtain access.

PHONE NUMBER

Mail or FAX to:
Michelle Tillery – (916) 341-5808
Waterboards
P.O. Box 2231
Sacramento, CA 95812
Phone: (916) 552-9258

PHONE NUMBER